

Application No. (if known): 10/643,003

Attorney Docket No.: 02291/100H204-US1

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MS Amendment
Commissioner for Patents
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on December 3, 2004
Date

A. Stantini

Signature

A. Stantini

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Registration Number, if applicable

Telephone Number

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Fee Transmittal

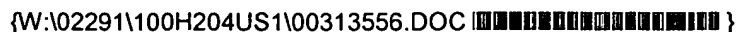
Amendment

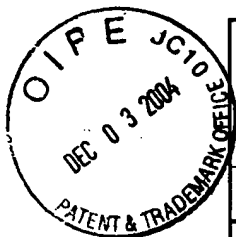
Amendment Transmittal (1 page)

Terminal Disclaimer by Applicant Attorney

Check in the amount of \$110.00 **#6915**

12/10/81





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PTO/SB/17 (11-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110.00

Complete if Known

Application Number	10/643,003
Filing Date	August 18, 2003
First Named Inventor	Zhongming Zeng
Examiner Name	E. Peselev
Art Unit	1623
Attorney Docket No.	02291/100H204-US1

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order

☐ Deposit Account ☐ None

Deposit
Account
Number

04-0100

Deposit
Account
Name

Darby & Darby P.C.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or any underpayment of fee(s)
under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

To the above-identified deposit account.

☐ Other (please identify):

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
Subtotal (1)	\$	0.00	

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = x =
HP= highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP= highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Subtotal (2) \$ 0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. Fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other: 1814 Statutory Disclaimer			110.00
Subtotal (3)	\$	110.00	

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	32,613	Telephone	(212) 527-7736
Name (Print/Type)	Howard M. Frankfort, Ph.D.	Date	December 3, 2004		

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